Application Number 10/552,410 **TRANSMITTAL** Filing Date 10/7/2005 **FORM** First Named Inventor Takehito Nakayama Art Unit 1734 Examiner Name Kimberly Keil McClelland (to be used for all correspondence after initial filing) Attorney Docket Number | 1217 - 052834 Total Number of Pages in This Submission

			<u> </u>						
ENCLOSURES (check all that apply)									
Fee Transmittal F	nittal Form		Drawing(s)			After Allowance communication o TC			
Fee Attache	ed		Licensing-related	d Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply			Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final			Petition to conve Provisional Appl			Proprietary Information			
Affidavits/o	Affidavits/declaration(s)		Power of Attorney, Revocat Change of Correspondence Address			Status Letter			
Extension of Time Request			Terminal Disclai	mer	\checkmark	Other Enclosure(s) (please identify below):			
Express Abandonment Request		Request for Refund			Red	Request for Continued Examination			
Information Disclosure Statement			CD, Number of O	CD(s)	-				
			Landscape 7	Γable on CD					
Certified Copy of	Rem	arks							
Document(s) Reply to Missing Parts/									
Incomplete Application									
Reply to Missing Parts Under 37 CFR 1.52 or 1.53									
Older 37 OTR 1.32 0(1.33									
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.									
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name	The Webb Letw Firm								
Signature	WER1								
Printed Name	Kent E. Baldauf, Jr.								
Date March 3, 2008			Reg. No.	36,082	6,082				
CERTIFICATE OF TRANSMISSION / MAILING									
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:									
Signature Florence V. Trevether									
Typed or printed name Florence P.		revethan			Date	March 3, 2008			

F		(00/2004	Maintenance and a second		to the control of the second of the second of the second of the					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL				Applio	cation Number	10/552,410				
For FY 2008					Filing Date 10/7/					
PULF I 2000							kayama			
Applicant claims small entity status. See 37 CFR 1.27							eil McClelland			
				Art U		1734 1217 - 05283				
TOTAL AMOUNT OF PAYMENT (\$) 1,270.00					ney Docket	34				
METHOD OF PAYM	ENT (check	all that apply	·)		1.6					
Check Cree	dit Card	Money O	rder	None	Other (please id	entify):				
Deposit Account		•			Deposit Accour		· · · · · · · · · · · · · · · · · · ·			
· ·	-					heck all that app	olv)			
	fee(s) indic	-	, 2		·		ow, except for the	filing fee		
Charge	any additio	nal fee(s) or un	ıderpaymer	its of fee(s)		overpayments	on, except for the	ining icc		
under 3 VARNING: Information on	37 CFR 1.16		Cradit card	information chau	Landonia		lo avadit aand			
nformation and authorization			Credit card	mormation shou	ia noi be included o	m this torm. From	le credit card			
FEE CALCULATION	(All the fe	es below are	due upon	filing or may	be subject to a	surcharge.)				
I. BASIC FILING, SI	EARCH, A	ND EXAMIN	NATION I	EES						
	FILING FEES SEARCH F					EXAMINATION FEES				
	_	Small Entity		Small Entity	_	Small Entity				
Application Type	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)		<u>Fee (\$)</u>	Fee (\$)	Fees P	<u>aid (\$)</u>		
Utility	310	75	510	255	210	105				
Design	210	105	100	50	130	65	*******			
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	0				
2. EXCESS CLAIM I	FEES							Small Entity		
Fee Description							Fee (\$)	Fee (\$)		
Each claim over 20 (inc	_	•					50	25		
Bach independent claim		luding Reissu	es)				210	105		
Multiple dependent clai							370	185		
Total Claims -2	<u>0 or HP</u> 27	Extra Cla		Fee (\$)	Fee Paid (\$)			pendent Claims		
HP = highest number of t		= 0 id for, if greater t	X than 20.		<u> </u>		<u>Fee (\$)</u>	Fee Paid (\$)		
	or HP	Extra Cla		Fee (\$)	Fee Paid (\$)		***************************************			
HP = highest number of i	3 ndependent cl	= 0 aims paid for, if	greater than	3.						
B. APPLICATION SI If the specification	ZE FEE and drawin)), the appli	gs exceed 100 cation size fee	sheets of due is \$20	paper (excludi	ng electronically nall entity) for ea	v filed sequence ach additional 50	or computer listing O sheets or fraction	gs under thereof.		
Total Sheets	Extra S	<u>heets</u> / 50 =			tional 50 or fra up to a whole nur		<u>Fee (\$)</u> =	Fee Paid (\$)		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late fi	ling surcha	rge): Request	for Contin	nued Examinat	ion Fee			\$810.00		
SUBMITTED BY	-					·				
Signature	1/4	Elle			gistration No. ttorney/Agent)	36,082 T	elephone 412-4	171-8815		

Date

March 3, 2008

Kent E. Baldauf, Jr.

Name (Print/Type)